

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Southern California Fund

ADDRESS (number and street) ▼

777 S. Figueroa St., Ste. 4050

☐ Check if different than previously reported. (ACC)

Los Angeles

CA

90017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00361410

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Fraioli

Signature of Treasurer

Michael Fraioli

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 12 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Southern California Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div>44016.25</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>38754.29</div>	
(c) Total Receipts (from Line 19)	<div>22600</div>	<div>23600</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>61354.29</div>	<div>67616.25</div>
7. Total Disbursements (from Line 31).....	<div>9160.84</div>	<div>15422.8</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>52193.45</div>	<div>52193.45</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Southern California Fund

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12600

13600

(ii) Unitemized

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

12600

13600

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

10000

10000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

22600

23600

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

22600

23600

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

22600

23600

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	7160.84	13172.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7160.84	13172.8
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500	1750
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	500	500
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9160.84	15422.8
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9160.84	15422.8

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22600	23600
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22600	23600
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7160.84	13172.8
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7160.84	13172.8

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. Samuel Delug

Mailing Address 8383 Wilshire Blvd., Ste. 240

City State Zip Code
 Beverly Hills CA 90211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ani Networks

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600

Date of Receipt

05 / 22 / 2014

Transaction ID : C16592

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

B. Gayle Roski

Mailing Address 10051 Valley Spring Ln.

City State Zip Code
 North Hollywood CA 91602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gayle Roski

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / 08 / 2014

Transaction ID : C16590

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C. Edward Roski, Jr.

Mailing Address 13191 Crossroads Pkwy. N, 6th Fl.

City State Zip Code
 City Of Industry CA 91746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Majestic Realty Co.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000

Date of Receipt

05 / 08 / 2014

Transaction ID : C16589

Amount of Each Receipt this Period

5000

SUBTOTAL of Receipts This Page (optional)..... ►

12600.00

TOTAL This Period (last page this line number only)..... ►

12600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. IBEW PAC Voluntary Fund

Mailing Address 900 Seventh St., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : C16591

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

B. Realtors Political Action Committee

Mailing Address 430 N Michigan Ave.

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : C16588

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

10000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Southern California Fund

MM / DD / YYYY

State: District:

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. First Bank Merchant Service Fee

Mailing Address 6902 Pine St.

City Cedar Creek State NE Zip Code 68016

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 03 2014
Transaction ID : D7943

Amount of Each Disbursement this Period

25

Full Name (Last, First, Middle Initial)

B. First Bank Merchant Service Fee

Mailing Address 6902 Pine St.

City Cedar Creek State NE Zip Code 68016

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 03 2014
Transaction ID : D7941

Amount of Each Disbursement this Period

25

Full Name (Last, First, Middle Initial)

C. First Bank Merchant Service Fee

Mailing Address 6902 Pine St.

City Cedar Creek State NE Zip Code 68016

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2014
Transaction ID : D7940

Amount of Each Disbursement this Period

25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. Fraioli & Associates

Mailing Address 423 B New Jersey Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2014
Transaction ID : D7944

Amount of Each Disbursement this Period

1250

Full Name (Last, First, Middle Initial)

B. Fraioli & Associates

Mailing Address 423 B New Jersey Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 30 2014
Transaction ID : D7945

Amount of Each Disbursement this Period

1250

Full Name (Last, First, Middle Initial)

C. Kaufman Legal Group

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal & Treasury Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 01 2014
Transaction ID : D7950

Amount of Each Disbursement this Period

500

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. Kaufman Legal Group

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal & Treasury Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : D7947

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. Kaufman Legal Group

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal & Treasury Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : D7948

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

C. Kaufman Legal Group

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Legal & Treasury Expenses

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : D7953

Amount of Each Disbursement this Period

50.07

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.07

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Southern California Fund

A. Kaufman Legal Group

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement	Legal & Treasury Expenses
Legal & Treasury Expenses	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D7949

Amount of Each Disbursement this Period

35.77

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

35.77

7160.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. Julia Brownley for Congress

Mailing Address P.O. Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

Purpose of Disbursement
Federal Contribution

Candidate Name

Julia BrownleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

Transaction ID : D7946

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. NACPAC

Mailing Address 3389 Sheridan St., Ste. 424

City	State	Zip Code
Hollywood	FL	33021

Purpose of Disbursement
Federal Contribution

Candidate Name

NACPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : D7952

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Southern California Fund

Full Name (Last, First, Middle Initial)

A. Liberty Hill

Mailing Address 5777 W. Century Blvd., Ste. 88

City	State	Zip Code
Los Angeles	CA	90045

Purpose of Disbursement
Civic Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : D7951

Amount of Each Disbursement this Period

500

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Southern California Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kaufman Legal Group

Nature of Debt (Purpose):
Legal & Treasury Fees

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Outstanding Balance Beginning This Period

50.07

Transaction ID : D7936

Amount Incurred This Period

0

Payment This Period

50.07

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code
------	-------	----------

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code
------	-------	----------

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►